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The National Congress of American Indians
Resolution #PSC-26-018

TITLE: Support for Tribally-Determined Maternal Mortality Review and Prevention for American Indian and Alaska Native Mothers

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States and the United Nations Declaration on the Rights of Indigenous Peoples, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, the 2025 March of Dimes Report Card[1], citing National Center for Health Statistics, Mortality data, 2019-2023, notes an American Indian and Alaska Native maternal mortality rate of 60.8 deaths per 100,000 live births, more than triple the national average of 18.6 per 100,000 and the highest rate of any racial or ethnic group in the United States; and

WHEREAS, the Centers for Disease Control and Prevention Maternal Mortality Prevention December 18, 2025 Data from the Pregnancy Mortality Surveillance System[2] also show that in 2024, American Indian and Alaska Native women had the highest rate of pregnancy-related deaths by race-ethnicity in the United States, constituting a national public health crisis; and

[1] March of Dimes. (2025). 2025 March of Dimes Report Card: The State of Maternal and Infant Health for American Families. Retrieved from https://www.marchofdimes.org/report-card

[2] Centers for Disease Control and Prevention. (2025, December 18). Data from the Pregnancy Mortality Surveillance System. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html

WHEREAS, systematic racial misclassification in vital statistics records causes American Indian and Alaska Native maternal deaths to be chronically undercounted in reported data, resulting in published maternal mortality rates underestimating the true burden of this national public health crisis[3,4]; and

WHEREAS, the Centers for Disease Control and Prevention Maternal Mortality Prevention April 20, 2026 Pregnancy-Related Deaths Among American Indian or Alaska Native Women: Data from Maternal Mortality Review Committees notes that the leading underlying cause of pregnancy-related death among American Indian and Alaska Native women each year from 2017 through 2022 was mental health conditions and that most American Indian and Alaska Native pregnancy-related deaths occur between one week and one year postpartum[5]; and

WHEREAS, the Centers for Disease Control and Prevention Maternal Mortality Prevention April 20, 2026 Pregnancy-Related Deaths Among American Indian or Alaska Native Women: Data from Maternal Mortality Review Committees notes that, based on 2022 data, among American Indian and Alaska Native pregnancy-related deaths with a preventability determination, 94.1 percent were determined by individual state Maternal Mortality Review Committees to be preventable, and that each year from 2017 through 2022 over 90 percent were determined preventable[5]; and

WHEREAS, state Maternal Mortality Review Committees consistently find that the overwhelming majority of American Indian and Alaska Native pregnancy-related deaths are preventable, yet for American Indian and Alaska Native communities, identifying preventability has not resulted in improved prevention[5,6]; and

WHEREAS, while Maternal Mortality Review Committees operate at the state level across the United States, they are inconsistent in their inclusion of Tribal Nation representatives and are not specifically designed to develop maternal mortality prevention recommendations for Tribal Nations[7,8]; and

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[3] Centers for Disease Control and Prevention. (2026, April 20). About the data: MMRIA [see "Classification of pregnancy-related deaths among American Indian or Alaska Native Women," 2017–2019 section]. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/maternal-mortality/php/data-research/mmria-methods/

[4] Heck, J. L., Jones, E. J., Bohn, D., et al. (2021). Maternal mortality among American Indian/Alaska Native women: A scoping review. Journal of Women's Health, 30(2), 220–229. https://doi.org/10.1089/jwh.2020.8890

[5] Centers for Disease Control and Prevention. (2026, April 20). Pregnancy-related deaths among American Indian or Alaska Native women: Data from Maternal Mortality Review Committees. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/aian.html

[6] Fleszar, L. G., Bryant, A. S., Johnson, C. O., et al. (2023). Trends in state-level maternal mortality by racial and ethnic group in the United States. JAMA, 330(1), 52–61. https://doi.org/10.1001/jama.2023.9043

[7] National Indian Health Board. (2020, May). Maternal mortality review: A potential strategy for optimizing Native women's health [Fact sheet]. Retrieved from https://legacy.nihb.org/docs/11232020/Tribal%20MMRC%20Fact%20Sheet%205.21.20.pdf

[8] Centers for Disease Control and Prevention, Division of Reproductive Health. (2024). CDC listening session: Maternal health and tribal maternal mortality review — Summary [Session held December 4, 2024]. Retrieved from https://www.nihb.org/wp-content/uploads/2025/05/Summary-CDC-Listening-Session_Maternal-Health-Tribal-MMR_Dec-2024-FINAL.pdf

WHEREAS, each Tribal Nation has the sovereign right to determine whether and how to review maternal deaths among its citizens, whether through a Tribal review committee, regional review by a Tribal Epidemiology Center or Tribal health organization, review by an organization designated by the Tribal Nation, or participation in a state Maternal Mortality Review Committee, and no single model should be imposed on Tribal Nations; and

WHEREAS, Tribal Nations possess inherent sovereign public health authority over their citizens and communities, which predates and is not derived from federal or state law; federal law recognizes Tribes as public health authorities, including under the HIPAA Privacy Rule (45 C.F.R. § 164.501) and, for Tribal Epidemiology Centers, under the Indian Health Care Improvement Act (25 U.S.C. § 1621m); and federal agencies, states, and their Maternal Mortality Review Committees must recognize that authority, including by providing Tribal Nations (and organizations designated by a Tribal Nation), Tribal organizations, Tribal Epidemiology Centers, timely access to data concerning Tribal citizens; and

WHEREAS, Maternal Mortality Review Committees derive their access to death records and medical records, and their confidentiality protections, from state law, and many American Indian and Alaska Native maternal deaths occur in facilities not operated by Tribal Nations, Tribal organizations, or the Indian Health Service; and

WHEREAS, the United States government bears a solemn trust responsibility to Tribal Nations and their citizens that includes ensuring access to adequate and culturally appropriate health care; and

WHEREAS, Tribal consultation is an implementation of the government-to-government relationship, and the primary means for Tribal Nations to communicate on and influence decisions regarding government actions that implicate Tribal interests and/or sovereignty.

NOW THEREFORE BE IT RESOLVED, that the National Congress of American Indians (NCAI) recognizes that American Indian and Alaska Native people experience the highest maternal mortality rate of any racial or ethnic group in the United States, and that state Maternal Mortality Review Committees consistently determine that the overwhelming majority of American Indian and Alaska Native pregnancy-related deaths are preventable, which together constitute a national public health crisis requiring urgent action; and

BE IT FURTHER RESOLVED, that the NCAI supports the right of each Tribal Nation to determine its own approach to maternal mortality review, including through state, regional, or national review structures governed by Tribal Nations, such as Tribal Maternal Mortality Review Committees, and supports Tribal Nations, Tribal organizations, Tribal Epidemiology Centers, and organizations designated by a Tribal Nation that choose to conduct such review, with the participation of traditional healers, American Indian and Alaska Native health care providers and professionals, and community members with lived experience, as determined by each Tribal Nation, to reduce and prevent maternal mortality among American Indian and Alaska Native women; and

BE IT FURTHER RESOLVED, that the NCAI urges the United States Congress to appropriate funding for maternal mortality review and prevention directly to Tribal Nations, Tribal organizations, Tribal Epidemiology Centers, and organizations designated by a Tribal Nation, through non-competitive mechanisms, without new reporting burdens; and

BE IT FURTHER RESOLVED, that the NCAI urges HHS, CDC, IHS, and HRSA to support the participation of traditional healers and American Indian and Alaska Native health care providers and professionals, whose expertise is needed to help determine whether a death was preventable, in Tribal and state maternal mortality review; and

BE IT FURTHER RESOLVED, that the NCAI calls on CDC, IHS, and HRSA to conduct formal Tribal consultation before designing, funding, or contracting for any Tribal maternal mortality review program; and

BE IT FURTHER RESOLVED, meaningful consultation requires that agencies engage in actions that are in person, interactive, pre-decisional, informational and transparent when planning actions with Tribal implications and in line with Free, Prior and Informed Consent principles consistent with SEA-25-009; and

BE IT FURTHER RESOLVED, that the NCAI calls on HHS, CDC, IHS, and HRSA to recognize the inherent public health authority of Tribal Nations and to provide Tribal Nations, Tribal organizations, Tribal Epidemiology Centers, and organizations designated by a Tribal Nation access to federal maternal health and mortality data concerning Tribal citizens; and

BE IT FURTHER RESOLVED, that the NCAI calls upon all states, state vital records offices, and state Maternal Mortality Review Committees to:

1. recognize the inherent public health authority of Tribal Nations and engage with Tribal Nations on a government-to-government basis;
2. provide Tribal Nations, Tribal organizations, Tribal Epidemiology Centers, and organizations designated by a Tribal Nation timely access to vital records and maternal mortality review data concerning Tribal citizens, through data-sharing agreements, without conditioning that access on the establishment of any particular review structure;
3. offer each Tribal Nation, at its election, representation on the state Maternal Mortality Review Committee, including American Indian and Alaska Native health care providers and professionals;
4. correct racial misclassification of American Indian and Alaska Native deaths, including through linkage with Indian Health Service and Tribal health program patient registration data;
5. report American Indian and Alaska Native maternal mortality data disaggregated separately for Alaska Native and American Indian populations, and by region, where numbers permit without identifying individuals;

6. and return findings and prevention recommendations to the affected Tribal Nations, Tribal organizations, Tribal Epidemiology Centers, and organizations designated by those Tribal Nations, recognizing that one American Indian and Alaska Native maternal death is one too many; and

BE IT FURTHER RESOLVED, that the NCAI urges Congress and HHS to address the leading causes of American Indian and Alaska Native pregnancy-related death by securing and protecting continuous 12-month postpartum Medicaid coverage in every state, funding perinatal behavioral health services, supporting Indian Health Service, Tribal, and Urban Indian (I/T/U) maternal care through the first year postpartum, and addressing barriers created by geographic remoteness, including maternal travel, transport, and access to delivery and postpartum care; and

BE IT FURTHER RESOLVED, that the NCAI affirms that maternal health data concerning Tribal citizens is governed by Tribal Nations and shall not be shared or published without Tribal consent; and

BE IT FURTHER RESOLVED, that the NCAI affirms that review of maternal deaths of a Tribal Nation's citizens by any Tribal review structure should occur only with that Tribal Nation's consent; and

BE IT FINALLY RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution

CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2026 Annual Convention of the National Congress of American Indians, held October 18-22, 2026 in Palm Springs, California, with a quorum present.

Mark Macarro, President

ATTEST:

Christie Modlin, Recording Secretary